

# THE LIBRARY OF CONGRESS BACKGROUND SURVEY QUESTIONNAIRE

**Note:** In order to be considered for a vacancy, you must return this form along with all other application materials.

**INSTRUCTIONS:** Please print entries in dark ink.

1. NAME (last, first, middle initial): \_\_\_\_\_ 2. Date of Birth

3. TODAY 'S DATE (month/date/year): \_\_\_\_\_ 4. SOCIAL SECURITY

5. How did you learn about this vacancy at the Library of Congress ?  
(Please check the appropriate code boxes below. You may select up to three choices.)

Note: The information from this survey will be used to help the Library of Congress (LC) evaluate its recruitment strategies.

- |  |  |
|--|--|
| 01 <input type="checkbox"/> Federal Research Service's <u>Federal Career Opportunities</u> | 13 <input type="checkbox"/> Religious Organization   |
| 02 <input type="checkbox"/> Other Private Information Services                             | 14 <input type="checkbox"/> Friend or Relative Working at LC                                   |
| 03 <input type="checkbox"/> Newspaper Ad   | 15 <input type="checkbox"/> Friend or Relative Not Working at LC                               |
| If yes, please specify: _____  | 16 <input type="checkbox"/> Professional Association   |
| 04 <input type="checkbox"/> Magazine Ad  | If yes, please specify: _____  |
| If yes, please specify: _____  | 17 <input type="checkbox"/> LC Vacancy Announcement: Posted on Library Congress Bulletin Board |
| 05 <input type="checkbox"/> Professional Journal   | 18 <input type="checkbox"/> LC Vacancy Announcement: Circulated to Other Federal Agencies      |
| If yes, please specify: _____  | 19 <input type="checkbox"/> LC Vacancy Announcement: Circulated to Library Schools             |
| 06 <input type="checkbox"/> Radio/TV   | 20 <input type="checkbox"/> LC Vacancy Announcement: Received in Mail                          |
| 07 <input type="checkbox"/> Private Employment Office                                      | 21 <input type="checkbox"/> Telephone Calls to the Library of Congress Employment Office       |
| 08 <input type="checkbox"/> State Employment Office (Unemployment Office)                  | 22 <input type="checkbox"/> Library of Congress Employment Hotline                             |
| 09 <input type="checkbox"/> Minority/Special Recruitment Sources                           | 23 <input type="checkbox"/> Other (specify): _____   |
| 10 <input type="checkbox"/> Library of Congress Recruitment at School or College           |  |
| 11 <input type="checkbox"/> School or College Counselor or Other Official                  |  |
| 12 <input type="checkbox"/> Federal, State or Local Job Information Center                 |  |

The information requested in Item 6 below will be used strictly for personnel and EEO research to help the Library of Congress meet the requirements of Federal law. You are strongly encouraged to complete this section, although doing so is voluntary.

6. Please categorize yourself in terms of the race, ethnic, gender, and disability categories below. First read definitions of subcategories.

## DEFINITIONS

The racial and ethnic categories for Federal statistics and administrative reporting are defined as follows:

### ETHNICITY [A]

**HISPANIC:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic culture or origin, regardless of race.

### RACE [B]

**AMERICAN INDIAN or ALASKAN NATIVE:** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**ASIAN or PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**BLACK:** A person having origins in any of the black racial groups of Africa.

**WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

### DISABILITY [C]

A person having any physical or mental impairment which severely limits one of life's major activities.

A. ETHNICITY ☐

1. Hispanic Origin
2. Not of Hispanic Origin

B. RACE ☐

1. American Indian or Alaskan Native
2. Asian or Pacific Islander
3. Black
4. White

C. DISABILITY ☐

1. Yes
2. No

D. GENDER ☐

1. Male
2. Female